PI

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501

School District Claim for State Reimbursement for

	Helena, MT 59620-2501						School Bus Transportation County			
DUE DATES:	:	First Semester February 1 to County Superintendent February 15 to State Superintendent					Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPL	ETE TH	IS CLAIM FO	R STA	ATE REIMI	BURSEMEN	T FOR SCH	OOL BUS TRAI	NSPORTATI	ON:	
This clain	m is for the	period beginning		month	, day	20 and en	dingm	onth	, 20 day	
CERTIF	ICATIO	N:								
The info	rmation on	this form is comp	lete and	accurate to th	e best of my kn	owledge.				
Date			Signatu	re, Chair, Board	d of Trustees					
County:			District	:				Distr	ict Level:	
46 Sheri	idan		0819	Westby 1	K-12 Scho	ols		Hig	h School	
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
100	3	1		88	0.95	21	01/20/05			
100	3	2		95	0.95	18	01/05/05			

TR-6 (1/05) Page 1

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

First Semester Second Semester DUE February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 46 Sheridan 0822 Medicine Lake K-12 Schools **High School** District Days Route Miles Rate **Bus Driver's** Per Dav Per Mile Operated Social Security # Percentage # # Capacity Inspection 100 7 1 100 0.95 47 01/06/05 7 100 1 ConA 17 0.50 47 01/06/05 100 7 2 72 0.95 47 01/06/05 7 3 0.95 100 58 47 01/06/05 7 100 3 Cnon 42 0.50 47 01/06/05 100 7 4 115 0.95 47 01/06/05 5 7 100 68 0.95 47 01/06/05 100 7 5 Cnon 28 0.50 47 01/06/05 7 100 72 0.95 47 01/06/05 6

TR-6 (1/05) Page 1

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100

100

100

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Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

120

62

126

0.95

0.95

0.95

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE DATES:	rebluary 1 to County Superintendent					Second S May 10 to County S May 24 to State Su	Superintenden	ıt
COMPLE	ETE THIS CLAIM FOR S	STATE REIM	BURSEMI	ENT FO	R SCHOOL	BUS TRANSPORTA	ATION:	
This claim	n is for the period beginning	month	day	, 20	_ and ending _	month	, 20 day	
CERTIFI	CATION:							

CERTIF	CERTIFICATION:										
The information on this form is complete and accurate to the best of my knowledge.											
Date			Signatu	Signature, Chair, Board of Trustees							
County:			District: District Level:								
46 Sheri	46 Sheridan 0828 Plentywood K-12 Schools						High S	chool			
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #		
100	20	1		90	0.95	47	01/07/05				
100	20	3		94	0.95	36	01/07/05				
100	20	4		95	0.95	48	01/07/05				

48

48

36

01/07/05

01/07/05

01/07/05

TR-6 (1/05) Page 1

PI

County:

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

District:

School District Claim for State Reimbursement for School Bus Transportation

District Level:

State	
District	
County	

DUE	First Semester February 1 to County Superinte	500011	d Semester ty Superintendent		
DATES:	February 15 to State Superinten	dent	May 24 to State Superintendent		
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:					
This claim	n is for the period beginning	, 20	and ending	, 20	
	month	day	month	day	
CERTIFI	CATION:				
The inform	mation on this form is complete and accurate to the b	est of my knowledge.			
Date	Signature, Chair, Board of	Trustees			

46 Sheridan 0831 Outlook K-12 Schools **High School** District Route Miles Rate Days **Bus Driver's** Percentage # # Per Day Per Mile Capacity Inspection Operated Social Security # 1 100 29 63 0.95 42 01/07/052 100 01/07/05 29 18 0.95 30

TR-6 (1/05) Page 1